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CONFIRMATION NO. 2552

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/033,149	<b>FILING OR 371(c) DATE</b> 10/19/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 2189 P01 US CIP
<b>APPLICANTS</b> R. Preston Mason, Manchester, MA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/130,665 04/23/1999 and claims benefit of 60/145,305 07/23/1999 and claims benefit of 60/151,121 08/27/1999 and claims benefit of 60/166,592 11/19/1999 and is a CIP of 09/556,930 04/21/2000 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/01/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 62
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 26486				
<b>TITLE</b> SYNERGISTIC EFFECTS OF AMLODIPINE AND ATORVASTATIN METABOLITE AS A BASIS FOR COMBINATION THERAPY				
<b>FILING FEE RECEIVED</b> 2664	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	